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If more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Esler
 District of Globe
 Town of Globe
 or
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

State Index No. 87 85

ORIGINAL CERTIFICATE OF BIRTH.

Co. Register No. _____

Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD _____

 } Born } YES
 } Alive } NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child On Twin, Triplet or other _____ and _____ Number in order of birth _____ Legiti-mate? yes Date of Birth 7 16 1912
 (Month) (Day) (yr.)

Full Name Fred Scobel FATHER
 Residence Globe Ariz
 Color or Race W Age at last Birthday 34 (Years)
 Birthplace Eng England
 Occupation Seaman

Full Maiden Name Bessie Campbell MOTHER
 Residence Globe
 Color or Race W Age at last Birthday 24 (Years)
 Birthplace Tex
 Occupation H. W.

Number of child of this mother 3 Number of children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 7/16 1912, at 11 M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) G. F. Wightman
 (Attending physician, midwife, householder.*)

Given or christian name added from a _____

Address, _____

supplemental report _____ 191 _____

Filed 7/18 191 _____Filed 8/5 191 _____

A True Copy

LOCAL REGISTRAR.

COUNTY REGISTRAR.

COUNTY REGISTRAR.